



MANUFACTURED HOME DEALER--BUSINESS FACILITIES AFFIDAVIT

Safety & Buildings Division
Manufactured Home/Mobile Home Unit
201 W Washington Ave 4th Floor
P.O. Box 1355
Madison, WI 53701-1355

Phone: (608) 264-9596
Fax: (608) 267-0592
TDD: (608) 264-8777

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)].

- **Fill in form completely, sign, and date.**
- **Submit completed form to the above address.**

Legal Name of Business
Trade Name or DBA
Street or RFD
PO Box
City / State / Zip + 4

I certify that the place of business listed above meets or will meet all the following business facility requirements under Comm 5.323 of the Wisconsin Administrative Code. Date facilities will be ready: _____.

- | | <u>YES</u> | <u>NO</u> | |
|----|--------------------------|--------------------------|---|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are you located in a permanent building, not a private residence, tent, or temporary stand? |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have an office within the building? |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does the building and premises comply with all local zoning, building codes, and permit requirements? |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | If you carry and display inventory, do you have an exterior business sign with business name as it will appear on the license certificate and any other name used to do business under. The lettering of the sign must be a minimum of 4 inches high, unless smaller dimensions are required by local zoning or sign ordinance. |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a sign posted on or adjacent to the entrance door describing business hours? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a Manufactured home display lot? If Yes, the display lot must be within the same block or directly across the street from the main business location. |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Is the business property owned by the dealership entity? If No, attach a signed lease agreement for the business location that is valid at least through the four-year licensing period. |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Do you own and operate your own service department? If No, attach Service Agreement Form. |

If an inspection determines that the business facilities do not meet the requirements, I will voluntarily surrender the dealer license, plates, and salesperson licenses issued. I will discontinue operating as a dealer until an inspection verifies that the facilities are in compliance.

I declare that this is a true and accurate statement. I realize that my place of business is subject to inspection and any false statements regarding the above requirements will subject my license to revocation, suspension, or denial. I, as owner, partner, or officer of the corporation have authority to sign this affidavit.

X _____ Signature of Manufactured Home Dealer Applicant	_____ Title	_____ Date
---	----------------	---------------

